

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37411

State File No. ....

4645

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City <u>6</u> township)		a. STATE Kansas		b. COUNTY Coffey <u>999</u>		
c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Le Roy <u>14</u>		d. STREET ADDRESS (If rural, give location)		X 0 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1949				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>			b. (Middle)		
c. (Last) <u>MENTZER</u>			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1949					
5. SEX M <u>0</u> W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 9, 1881		
9. AGE (in years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY farmer			11. BIRTHPLACE (State or foreign country) Kansas		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Japeth Mentzer		13b. MOTHER'S MAIDEN NAME Louise Bowse		14. NAME OF HUSBAND OR WIFE Abbie Mentzer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. L. O. Keever, Burlington, Kansas		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>ILEUS (PARALYTIC)</u>					<u>4 DAYS</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>APPENDICITIS, (GANGRENOUS)</u>					<u>6 DAYS</u>	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (c) <u>PERITONITIS, (PERFORATED)</u>						
II. OTHER SIGNIFICANT CONDITIONS		<u>APPENDIX</u>						
Conditions contributing to the death but not related to the disease or condition causing death.		<u>5501</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>PERFORATED GANGRENOUS APPENDIX</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10-21, 1949</u> to <u>10-31, 1949</u> that I last saw the deceased alive on <u>10-31, 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Ed Povlovich, D.P.</u>				23b. ADDRESS <u>25 E 1/2 ST. KANSAS</u>		23c. DATE SIGNED <u>Nov 10 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-1-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Big Creek, Kansas		
DATE REC'D BY LOCAL REG. <u>11-1-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *S. J. Allen*

Licensed Embalmer No. *1418*

P. O. Address *St. Charles*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.